	ID	Theft Affi	davit	
Victim Information				
1. My full legal name	is	(A 4: 1 II)		(1. 0. 111)
	(First)	(Middle)	(Last)	(Jr.,Sr., III)
2. (If different from ab	ove) When the events	described in thi	s affidavit took place, I was	known as
(First)	(Middle)		(Last)	(Jr., Sr., III)
			(Lasi)	(31., 31., 111)
3. My date of birth is			(Lasi)	(31., 31., 111)
3. My date of birth is	(day/month/year)		(Last)	(01., 31., 111)
	(day/month/year) Number is		` ,	(01., 31., 111)
4. My Social Security	Number is		` ,	
4. My Social Security5. My driver's license	Number is or identification card s	tate and numbe		
4. My Social Security5. My driver's license6. My current address	Number is or identification card so	tate and numbe	r are	
4. My Social Security5. My driver's license6. My current addressCity	Number is or identification card so	tate and numbe	r areZip Code	

City_____State____Zip Code_____

How the Fraud Occurred

Check all that apply for items 11 - 17:

11.	☐ I did not authori money, credit, I	ze anyone to use my nam- pans, goods or services o	e or personal information lescribed in this report.	on to seek the	
12.	I did not receive this report.	any benefit, money, good	ds or services as a resu	ult of the events descibed	in

was_____

9. I lived at the address in Item 8 from ____until_____(month/year) ____(month/year)

10. My daytime telephone number is (_____)_____

My evening telephone number is (____)____

	t (day/month/year)
name, address, date of birth, existing a	f, the following person(s) used my information (for examp account numbers, Social Security number, mother's maid a money, credit, loans, goods or services without my know
Name (if known)	Name (if known)
Address (if known)	Address (if known)
Phone number(s) (if known)	Phone number(s) (if known)
Additional information	Additional information

(Attach additional pages as necessary.)

Name ______ Scottsdale Police Department Report Number _____ Page 2

Name Scottsdale Police	Department Report Number Page 3
Victim's Law Enforcement Actions	
17. (check only one)	
☐ I am willing to assist in the prosecution of the per-	son(s) who committed this fraud.
☐ I am NOT willing to assist in the prosecution of the	e person(s) who committed this fraud.
18. (check only one)	
$\hfill \square$ I am authorizing the release of this information to them in the investigation and prosecution of the p	law enforcement for the purposes of assisting erson(s) who committed this fraud.
$\hfill \square$ I am NOT authorizing the release of this informati them in the investigation and prosecution of the p	on to law enforcement for the purposes of assisting erson(s) who committed this fraud.
or other law enforcement agency. The police \Box	reported the events described in this affidavit to the police did did not write a report. <i>In the event you have gency please complete the following information:</i>
(Agency #1)	(Officer/Agency personnel taking report)
(Date of Report)	(Report number, if any)
(Phone number)	(email address, if any)
(Agency #2)	(Officer/Agency personnel taking report)
(Date of Report)	(Report number, if any)
(Phone number)	(email address, if any)
Documentation Checklist	
Please indicate the supporting documentation you attach copies (NOT originals) to the affidavit before	ou are able to provide to the companies you plan notify. ore sending it to the companies.
20.	
issued ID card, or your passport.) If you are under	tification card (for example, your driver's license, state- er 16 and don't have a photo-ID, you may submit a copy of ool records showing your enrollment and place of
21.	
	ill occurred, the loan was made or the other event took place me, a copy of a utility bill or a copy of an insurance bill.

A copy of the report filed with the police or sheriff's department. If you are unable to obtain a report or report number from the police, please indicate that in Item 19. Some companies only need the report number, not a copy of the report. You may want to check with each company. Signature I certify that, to the best of my knowledge and belief, all the information on and attached to this affidavit is true, correct, and complete and made in good faith. I also understand that this affidavit or the information it contains may be made available to federal, state, and/or local law enforcement agencies for such action within their jurisdiction as they deem appropriate. I understand that knowingly making any false or fraudulent statement or representation to the government may constitute a violation of 18 U.S.C. 1001 or other federal, state or local criminal statutes, and may result in imposition of a fine or imprisonment or both (signature) (Notary) (Notary) (Rotary) (Check with each company. Creditors sometimes require notarization. If they do not, please have one witness (non-relative) sign below that you completed and signed this affidavit.) Witness:	Name	Scottsdale Police Department Report Number	Page 4
I certify that, to the best of my knowledge and belief, all the information on and attached to this affidavit is true, correct, and complete and made in good faith. I also understand that this affidavit or the information it contains may be made available to federal, state, and/or local law enforcement agencies for such action within their jurisdiction as they deem appropriate. I understand that knowingly making any false or fraudulent statement or representation to the government may constitute a violation of 18 U.S.C. 1001 or other federal, state or local criminal statutes, and may result in imposition of a fine or imprisonment or both (signature) (date signed) (Notary) [Check with each company. Creditors sometimes require notarization. If they do not, please have one witness (non-relative) sign below that you completed and signed this affidavit.] Witness:	number from the po	lice, please indicate that in Item 19. Some companies only need the report number, no	
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witness (non-relative) sign below that you completed and signed this affidavit.] Witness:	(Notary)		
			ne
(signature) (printed name)	Witness:		
	(signature)	(printed name)	

(telephone number)

(date)

Name	Scottsdale Police De	partment Report Number	·	Page 5
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Fraudulent Account Statement

Completing the Statement

- Make as many copies of this page as you need. Complete a separate page for each company you're notifying and only send it to that company. Include a copy of your signed affidavit.
- List only the account(s) you're disputing with the company receiving this form. See the example below.
- If a collection agency sent you a statement, letter or notice about the fraudulent account, attach a copy of that document (NOT the original).

l declare	(check	all that	apply)) :
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As a result of the event(s) described in the ID Theft Affidavit, the following account(s) was/were opened at your company in my name without my knowledge, permission or authorization using my personal information or identifying documents:

Creditor Name/Address (the company that opened the account or provided the goods or services)	Account Number	Type of unauthorized Credit/goods/services Provided by creditor (If known)	Date Issued or Opened (if known)	Amount/Value provided (the amount charged or the cost of the goods/services)
Example Example National Bank 22 Main Street Columbus, OH 22722	01234567-89	Auto Loan	01/05/2002	\$25,500.00

☐ During the time of the ac	ccounds descri	bed above, I had the following	account open	with your company:
Billing name:				
Billing address:				
Account number: _				